

Little Acorns Montessori

Care Routines Policy

Safe Sleep · Intimate Care · Nappy Changing

1. Document Control

Policy Title	Care Routines Policy: Safe Sleep, Intimate Care & Nappy Changing
Setting	Little Acorns Montessori
Location	Ascot, Bracknell and Crowthorne, Berkshire, England
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Author	Jonathan Duffy
Approved By	Director

2. Policy Statement

Little Acorns Montessori is committed to providing the highest standard of personal care for every child in our setting. We believe that care routines are important opportunities to support children's health, wellbeing, dignity and developing independence.

This policy covers three interrelated care routines:

- Safe Sleep — ensuring every sleeping or resting child is placed and supervised in accordance with the latest evidence-based guidance;
- Intimate Care — managing all personal care activities (including toileting support, personal hygiene and nappy changing) with sensitivity, professionalism and safeguarding awareness; and
- Nappy Changing — carrying out nappy and pull-up changes in a hygienic, dignified and child-centred way.

All staff must follow this policy without exception. Any request to deviate from these procedures — regardless of its source — must be raised with the Manager or DSL before any change in practice is made.

3. Statutory and Regulatory Framework

This policy has due regard to, and is written in compliance with, the following legislation and guidance:

Primary Legislation

- Children Act 1989 — general duty of welfare and safeguarding;
- Children Act 2004 — Every Child Matters framework, Section 11 duty;
- Childcare Act 2006 — registration and regulatory requirements for early years providers;
- Health and Safety at Work etc. Act 1974 and associated regulations — staff and child safety obligations;
- Equality Act 2010 — non-discrimination in the provision of care, including for children with SEND or medical needs.

Statutory Guidance

- DfE (2025) Early Years Foundation Stage (EYFS) Statutory Framework for Group and School-Based Providers (effective 1 September 2025), in particular:
 - Section 3 (Safeguarding and Welfare Requirements), paragraphs 3.1 (keeping children safe and well) and 3.86 (toileting and intimate hygiene — hygienic changing facilities, privacy and dignity); and
 - Paragraph 3.84 (safe sleep — sleeping children must be frequently checked and must be placed down safely in line with current NHS and Lullaby Trust guidance).
- DfE Ministerial Letter to Early Years Providers (March 2026) — updated safer sleep requirements to be incorporated into the EYFS from September 2026 (subject to parliamentary process); providers are directed to be compliant immediately.
- Keeping Children Safe in Education (KCSiE) 2024 — for reference on safeguarding culture and reporting obligations (where applicable to group-based settings).

Best Practice Guidance

- NHS Guidance — Sudden Infant Death Syndrome (SIDS) / Reduce the Risk of SIDS;
- The Lullaby Trust — Safer Sleep in Early Years Settings (updated February 2025);
- DfE / Lullaby Trust — Safer Sleep in Early Years Settings: Guidance for Practitioners (published 20 April 2026) — practical implementation guidance supporting the planned September 2026 EYFS updates, with immediate compliance expected.
- Warwickshire Early Years Intimate Care and Nappy Changing Policy Framework (May 2025).

IMPORTANT — Safer Sleep (2026 Update): The DfE has confirmed that updated safer sleep requirements (developed with the Lullaby Trust, medical experts and Ofsted

following the inquest into the death of Genevieve 'Gigi' Meehan) are expected to be formally incorporated into the EYFS from September 2026. Providers must already

be compliant with this guidance now. This policy reflects those requirements in full.

4. Safe Sleep

4.1 Policy Commitment

Little Acorns Montessori recognises that safe sleep practice is a critical element of safeguarding. We adhere fully to NHS safer sleep guidance and The Lullaby Trust recommendations. No member of staff may place a child to sleep in a manner that contradicts this policy.

4.2 Parental Partnership

- Before a child who sleeps or rests at the setting begins attendance, the key person must meet with parents/carers to discuss the child's sleep needs.
- The setting will take parents'/carers' requests into account and will use professional judgement in determining appropriate rest and sleep provision.
- Where a parental request conflicts with safer sleep evidence (e.g. requesting a baby is placed face down), the Manager or DSL must be consulted. The setting will not act against safer sleep guidance. Staff will speak sensitively with parents about the reasons why certain practices cannot be accommodated.
- Practitioners will not wake a sleeping child unnecessarily, nor will any child be left to sleep and rest for an inappropriate amount of time. Practitioners will speak sensitively with parents/carers if concerns arise.

4.3 Safe Sleep Environment

For all children 12 months and under (babies):

- Children in this age group must only be placed to sleep in a cot. 'Cot' includes standard cots, carrycots, Moses baskets and travel cots. All cot products must meet relevant British Safety Standards; the Manager must verify this before any new equipment is used.
- The sleep space must contain only a firm, flat, waterproof mattress. Where blankets are used, lightweight bedding only must be used; the child must be placed feet-to-foot at the bottom of the cot, with blankets tucked in securely no higher than the child's shoulders to prevent head covering. Alternatively, a well-fitted baby sleep bag may be used in place of blankets, following the manufacturer's guidance including checking the tog rating is appropriate for the room temperature. Sleep bags must not be used alongside loose blankets.
- Babies must be placed on their back (supine) to sleep. If an older baby rolls onto their side or front independently, staff need not reposition them, but must place them on their back initially.
- Cots must not contain pillows, duvets, quilts, cot bumpers, loose items, soft toys, swaddling materials, bean bags, bouncers or any item that could restrict airflow or movement.
- Babies must not be swaddled to sleep in the setting. Swaddling is only permissible where it has been specifically agreed in writing with parents and is supported by written medical guidance. Any such agreement must be approved by the Manager and documented in the child's individual care plan.
- Babies must never be placed to sleep strapped into a bouncer, car seat, pram, swing or similar device.
- For babies born prematurely (before 37 weeks gestation) or with a low birthweight (under 2.5 kg / 5.5 lb), all safer sleep requirements for children aged 12 months and under must be applied for a full year from the baby's due date, not from the date of birth. Parents must confirm the due date at admission for any premature baby.

For children aged 12 months to 24 months:

- Children must be placed on their back in their own separate sleep space on a firm, flat surface — a cot, bed or mattress on the floor.
- Sleep spaces must be clear; lightweight bedding may be used as above.

For all sleeping children:

- Each child must have their own designated, separate sleep space; children must not share a sleep space.
- The sleep area must be maintained at a conducive temperature. Staff must monitor room temperature and record it on the sleep chart.
- Sleep areas must not be excessively hot or cold. The recommended room temperature is 16–20°C.
- Where the room temperature falls outside the recommended range — for example during hot weather or heating failure — staff must not prevent children from sleeping. Instead, staff must manage the child's comfort through appropriate adjustment of clothing and bedding: removing layers if the child is too warm, or adding a lightweight layer if too cool. Staff must check the child's temperature by feeling the chest or the back of the neck (not the hands or feet, which are normally cooler). Checks must be increased in frequency when the room temperature is outside the recommended range and must be recorded on the Sleep Chart. Any prolonged inability to maintain an appropriate room temperature must be reported to the Manager, who must assess whether the environment remains safe for sleeping children.
- Where music is used to aid sleep, volume must be kept low.
- Cots, mattresses and all bedding must be in good condition and appropriate for the child's age and size.
- Sleep comforters (e.g. small soft toys used for comfort at sleep time) must not be placed in the sleep space of any child aged 12 months and under. Comforters may be used for children aged over 12 months only. Dummies are not subject to this restriction and may be used in line with parental wishes and NHS guidance.
- Children who fall asleep during transit (e.g. in a pushchair, pram or car seat) must be transferred to their designated cot or sleep space upon arrival at the setting. Prams and pushchairs — including those with lie-flat capabilities — must not be used as a sleep space within the setting. For babies aged 12 months and under, hats and any excess clothing must be removed promptly upon arrival indoors, even if this wakes the child.

4.4 Monitoring and Supervision

- For babies aged under six months: a member of staff must be physically present in the same room as the baby for the entirety of every sleep. A clear line of sight from an adjacent room or the use of a monitor does not meet this requirement for this age group.
- For children aged six months and over: a member of staff must maintain continuous sight and hearing of all sleeping children. A video/audio baby monitor that allows the child to be both seen and heard at all times may be used to assist supervision, but does not replace the requirement for regular physical checks.
- A physical check of every sleeping child must be carried out and recorded every ten minutes as a minimum. The check must include confirming the child's breathing, position, colour and comfort.
- Checks must be recorded on the setting's Sleep Chart, which must be prominently displayed in each sleep area. The chart must record: child's name, date, time placed down, position, time of each check, staff name and any observations.
- If a baby turns over during sleep and cannot right themselves, staff must gently reposition them on their back.
- Any child who is unwell must be monitored more frequently. Staff must not leave an unwell child unattended.

4.5 Bedding and Hygiene

- Each child must sleep on fresh bed linen.
- Sheets and pillowcases (where used for older children) must be laundered after each use.
- Sleep bags, where used, must be individual to each child and laundered regularly.
- Quilts and duvets must not be used as bed linen for babies or young children (see Section 4.3).

- All reusable bedding must be stored in individual, labelled fabric bags.
- Sleeping bags and fabric items must be sprayed with an antibacterial spray and stored in individual fabric bags at the end of each day. All sheets and blankets must be laundered and stored in individual fabric bags.
- Any parental request to deviate from these hygiene requirements must be discussed with the Manager before implementation.

4.6 Training

- All staff must read the NHS guidance on Sudden Infant Death Syndrome (SIDS) as part of their induction.
- All staff must complete Lullaby Trust safer sleep awareness training or equivalent approved training before working unsupervised with sleeping children.
- Training must be refreshed as directed by the Manager, and whenever the guidance is updated.

5. Intimate Care

5.1 Definition

Intimate care means any care task that involves touching or assisting a child with a private area of their body, or that requires the child to be partially or fully undressed. This includes: nappy changing, toileting support, cleaning after a toileting accident, changing soiled or wet clothing, and applying prescribed topical treatments to intimate areas.

5.2 Principles

- Children's dignity and privacy must be upheld at all times. Care routines are carried out with care, sensitivity and respect.
- Children's privacy during nappy changing and toileting must be considered and balanced with safeguarding and supervision needs (EYFS 2025, para. 3.86).
- Children are never left unattended during an intimate care routine.
- Physical contact is kept to the minimum necessary to carry out the task safely and hygienically.
- Staff must explain what they are doing throughout the procedure in a calm, reassuring and age-appropriate manner.
- Staff must never make negative comments about a child's body or bodily functions.
- Staff must never make inappropriate comments about a child's genitals.
- Independence is encouraged at every stage; children are supported to participate in their own care as much as their age and development allow.

5.3 Staffing and DBS

- Only staff who hold a current enhanced DBS disclosure (with children's barred list check) and who have completed induction — including safeguarding training — may carry out intimate care.
- Where possible, the child's key person will carry out intimate care. Where the key person is unavailable, another member of staff with whom the child has an established, comfortable relationship will carry out the task.
- Intimate care must not be carried out by a staff member who is the subject of an active safeguarding investigation or allegation.

- No member of staff must ever carry out intimate care when alone in the building with a child. A second adult must always be aware that intimate care is taking place and must be within calling distance, maintaining appropriate supervision.
- Babies and young children must be changed within sight of other staff, whilst maintaining their dignity and privacy.

5.4 Parental Consent and Communication

- Before a child's first day, parents/carers must complete and sign an Intimate Care Agreement. This sets out: who may carry out intimate care, any specific care needs, cultural considerations and preferred methods.
- Parents must be informed at the end of each session of any intimate care that has been carried out, including nappy changes. This may be communicated verbally or via the daily report, and must also be recorded in writing.
- For children not routinely in nappies, parents must be informed on the day of any toileting assistance provided.
- Any changes to a child's intimate care needs (e.g. new medical condition, parent preference) must be communicated to the key person and Manager and documented in the child's individual intimate care plan.

5.5 Individual Intimate Care Plans

- An individual intimate care plan must be written for any child who requires support with toileting or hygiene beyond routine nappy changing (e.g. catheter care, stoma care, children with complex needs).
- The plan must be developed in partnership with parents/carers and, where appropriate, health professionals.
- The plan must be reviewed at least every six months, and immediately after any significant change in the child's needs.

5.6 Safeguarding

- Staff must be alert to any signs of concern during intimate care, including unexplained marks, bruising, redness, soreness or a child's unusual distress or changed behaviour during care routines.
- Any concern must be reported immediately to the DSL and recorded on the setting's safeguarding concern form.
- Where a concern is identified, the nappy change or care task may still be completed if the child's immediate health or comfort requires it, but the observation must be documented in detail.
- Staff must never discuss intimate care concerns with other parents, carers or unauthorised persons.

Refer to our Child Protection and Safeguarding Policy for more details.

6. Nappy Changing Procedures

6.1 Environment and Equipment

- The setting provides a designated, hygienic changing area. Changing facilities must comply with EYFS 2025, para. 3.86 — suitable hygienic changing facilities must be available for any children in nappies.
- The changing mat must be cleaned with an appropriate antibacterial spray and dried with a paper towel after each use.
- Paper towel must be placed freshly on the changing mat for each child.
- Hand wash facilities (soap and water) and disposable paper towels must be immediately accessible at the changing station.
- A step or appropriate equipment must be available where children are developing independence with dressing and undressing.

6.2 Supplies

- Parents/carers must provide their child's own nappies or pull-ups and cleaning wipes, clearly labelled with the child's name.
- The setting will keep a small supply of emergency nappies and wipes. Parents will be informed and asked to replenish supplies on the same day.

6.3 Step-by-Step Nappy Changing Procedure

Staff must follow these steps in order for every nappy or pull-up change:

1. Inform the child that it is time for a nappy change in a calm and positive manner. Where possible, give the child advance notice.
2. Collect the child's named bag of supplies and prepare the changing area: spray the mat with antibacterial spray, wipe clean with a disposable paper towel, and place a fresh paper towel on the mat.
3. Wash your hands thoroughly with soap and water for a minimum of 20 seconds. Dry with a disposable paper towel.
4. Put on a clean disposable apron. Gloves are not mandated for a wet nappy where there is no infection risk; however, gloves are always available and staff may choose to wear them. Gloves must always be worn for a soiled nappy or where there is any known infection risk.
5. Bring the child to the changing area. Never leave the child unattended on the changing mat at any time.
6. Change the nappy, using the child's own wipes. Wipe front to back. Maintain the child's dignity throughout by limiting exposure.
7. Encourage the child to participate where developmentally appropriate — e.g. helping to fasten a pull-up, hand washing.
8. Dispose of the soiled nappy hygienically: fold and seal the nappy, place it in a nappy sack, and dispose of it in the designated covered offensive waste bin. The nappy must not be placed in general waste.
9. Cloth nappies, trainer pants and ordinary pants that have been wet or soiled must be rinsed where safe and practicable, placed in a sealed bag and returned to the parent/carer at the end of the session.
10. Remove apron and gloves (if worn) and dispose of them safely.
11. Wash your hands and the child's hands thoroughly with soap and water.
12. Re-clean the changing mat with antibacterial spray. Dispose of the paper towel.
13. Record the nappy change (see Section 7 — Recording and Reporting).

6.4 Handwashing and Soap

Note: Anti-bacterial hand wash liquid must not be used for children. Young children have delicate skin and anti-bacterial products can kill beneficial bacteria needed for natural immune development. Plain soap and water must be used for children's hand washing.

Staff must use soap and water for their own hand washing at the changing station.

6.5 Toilet and Potty Training

- Children are encouraged to take an interest in using the toilet or potty. Staff approach toilet training with positivity and patience; children are never made to feel negative about toileting accidents.
- Staff may sit with a child who wishes to use the toilet and have a relaxed conversation; another child who is also using facilities at the same time may be present if appropriate, to support social learning.
- Children are always encouraged to wash their hands with soap and water after using the toilet. Children should be allowed time to explore hand washing in a playful way.
- Older children must be supported to access the toilet independently when they have the need to do so, and are encouraged to develop independence in managing their clothing.

6.6 Duty of Care

Little Acorns Montessori has a duty of care towards children's personal needs. Children must never be left in a wet or soiled nappy or pull-up for a prolonged period. Failure to meet a child's personal care needs in a timely and appropriate manner may constitute neglect and will be treated as a disciplinary matter, up to and including dismissal, and may result in a referral to the LADO.

7. Recording and Reporting

7.1 Daily Records

- Every nappy change must be recorded on the child's Daily Care Record. The record must include: child's name, date, time, nature of the change (wet/soiled), name of the staff member, and any observations (e.g. nappy rash, unusual stool).
- Sleep checks must be recorded on the Sleep Chart for every check (see Section 4.4).
- Records must be completed promptly — no later than the end of the session in which the care was provided.

7.2 Safeguarding Concerns

- Any concern arising during a care routine must be recorded immediately on the setting's Safeguarding Concern Record. This must include: child's name, date and time, description of the observation or disclosure, name of the member of staff, and any action taken.
- The completed Safeguarding Concern Record must be handed to the DSL immediately.
- Safeguarding records are stored securely and confidentially in the child's file. These records must not be kept digitally on personal devices.

7.3 Allegations Against Staff

- If a concern arises about a member of staff's conduct during a care routine, this must be reported immediately to the Manager (or, if the Manager is implicated, directly to Ofsted and the LADO). Normal disciplinary and investigation processes will be suspended pending the outcome of any LADO or police investigation.
- The LADO for this area is: [INSERT LADO NAME AND CONTACT DETAILS].

7.4 Notifications to Ofsted

- The Manager must notify Ofsted of any serious incident, accident or child protection concerns in accordance with the EYFS statutory framework and Ofsted guidance. Contact: 0300 123 1231.

8. Equality, Inclusion and Special Needs

- This policy applies equally to all children regardless of age, gender, ethnicity, religion, disability or any other characteristic protected under the Equality Act 2010.
- Where a child has a medical condition, physical disability or developmental need that affects care routines, an individual intimate care plan will be written in partnership with parents/carers and health professionals (see Section 5.5).
- Cultural preferences will be respected wherever they are compatible with the child's safety, safeguarding requirements and the statutory framework.
- Staff will treat all children's bodies and personal needs with equal respect and sensitivity.

9. Roles and Responsibilities

Role	Responsibilities
Manager / Registered Person	Ensure this policy is current, accessible and reviewed annually. Lead on staff induction and ongoing training. Act as the designated point of escalation for any safeguarding concern arising during care routines. Maintain oversight of safe sleep risk assessments and equipment.
Designated Safeguarding Lead (DSL)	Ensure all care-routine safeguarding concerns are recorded and referred appropriately. Maintain oversight of intimate care plans. Liaise with parents, health professionals and, where necessary, the Local Authority Designated Officer (LADO).
Deputy DSL	Support the DSL in all of the above. Act as lead in the DSL's absence.
All Practitioners	Follow these procedures in full at every care routine. Complete all required records promptly and accurately. Report concerns immediately to the DSL. Undertake mandatory safer sleep and safeguarding training.
Parents / Carers	Complete the Intimate Care Agreement before their child's first day. Provide sufficient supplies (nappies, wipes, spare clothing). Share any medical, developmental or cultural needs affecting care routines. Inform the setting of any changes to the child's routine or needs.

10. Compliance Review and Audit

- This policy will be reviewed annually, or immediately following: any change in relevant legislation or statutory guidance; any safeguarding incident relating to a care routine; an Ofsted inspection; or any significant change in the setting's staffing or physical environment.
 - The Manager will carry out an annual audit of care routine records to verify compliance with this policy.
 - All staff must sign to confirm they have read and understood this policy as part of their induction, and upon each annual review.
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11. Linked Policies and Documents

- Child Protection and Safeguarding Policy
 - Health and Safety Policy
 - Infection Control Policy
 - Staff Code of Conduct Policy
 - Whistleblowing Policy
 - Equality Diversity and Inclusion Policy
 - Behaviour and Wellbeing Policy
 - SEND / Medical Needs Policy
 - Staff Induction and Training Policy
 - Parent Partnership Policy
 - Baby Room Policy
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12. Policy Sign-Off

Role	Name	Date
Owner/Director	Jonathan Duffy	June 2026